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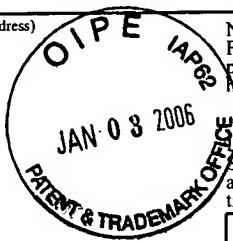
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21035 7590 12/09/2005

GORDON K ANDERSON  
14632 PACIFIC STREET  
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01/04/2006 LWONDIM2 00000011 10650562

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GORDON K. ANDERSON		(Depositor's name)
<i>Gordon K. Anderson</i>		(Signature)
12/26/2005		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/650,562	08/28/2003	Luis C. Contreras	CONTRERAS #5	7598

TITLE OF INVENTION: COMPOSITE POLYMERIC TWIST TIE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	03/09/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DIXON, MERRICK L	1774	428-099000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <u>GORDON K. ANDERSON</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

JOHNSTON INTERNATIONAL CORP.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

14272 CHAMBERS ROAD  
TUSTIN, CA 92780

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Gordon K. Anderson

Date 12/26/2005

Typed or printed name GORDON K. ANDERSON

Registration No. 28,927

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